FEC FORM 1

## STATEMENT OF ORGANIZATION

FOR	RM 1		O	RGANIZA	4110	N									
				(See instructio	ns)					Offi	ice use or	nly			
1. NAM COM	IE OF IMITTEE (i	n full)		(Check if name is changed)	Exar over	mple: If typying, type the lines	)	12FE	E4M5	5	ı				
SPR	RATT FOR	RCONGI	RESS COM	MITTEE			ш		ш				ш		Ш
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ADDRES	S (number ar	d street)	PO B	OX 830					ш	11					Ш
,	neck if addre hanged)	ss	YORI	<u> </u>				SC	 	L	297	45 <sub> </sub> -	<u>.</u>		Ш Ш
					CITY			STATE	•		ZI	P COI	DE 📥		
(Ch	TEE'S E-M neck if addre changed)			provide only one e- emic@compori		ess)	<u> </u>	1 1	<u> </u>	1 1	1 1	<u> </u>	<u> </u>		니 니
COMMIT	TEE'S WE	B PAGE A	DDRESS (UI	RL)											
,	neck if addre changed)	ess				11111	1 1		<u>                                     </u>	1 1	1 1		<u> </u>		Ц Ц
2. DAT	E M	м / [	1 2 / Y	<sup>Y</sup> 2 0 0 9 Y											
3. <b>FEC</b>	IDENTIFIC	ATION N	JMBER	[	C Coo	155796									
4. IS TH	HIS STATE	MENT	X NEW	(N) OR		AMENDED (A	۸)								
I certify tha	ıt I have exa	mined this S	Statement and	to the best of my kno	wledge an	nd belief it is true, corre	ect and	d comple	ete						
Type or P	rint Name o	of Treasure	er <b>N</b>	Ir. Bernard Nea	I Acker	man									
Signature	of Treasur	er El <u>ec</u>	ronically Filed	d by <b>Mr. Berna</b>	rd Neal	Ackerman		Date	<b>1</b>	<b>1</b> /	1 1	2 ′	YYY	2 0 °0	<b>9</b>
NOTE: Sub	bmission of	false, erron				he person signing this					of 2 U.S	.C. §43	37g.		
	Office Use Only					For further informa Federal Election Cor Toll Free 800-424-9: Local 202-694-1100	mmissi 530				FEC (Revis	FOI sed 02/			

		FEC F	Form 1 (Revised 02/2009)		Page 2	
5.	TYPE	OF CC	DMMITTEE (Check One)			
	Cand	idate C	Committee:			
	(a)	X	This committee is a principal campaign committee. (Complete the candidate inform	ation below.)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the c	andidate	
	Name Cand		Mr. JOHN MCKEE SPRATT, Jr.			
	Cand Party	idate Affiliatio	on Office X House Senate	President	State State District 05	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized co	mmittee.		
	Name Cand					1
	Party	Comm	nittee:			
	(d)		This committee is a (National, State (or subordinate) committee of the		emocratic, publican,etc.) Part	y.
	Politi	cal Act	tion Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on li	ne 6.) Its connected or	ganization is a:	
			Corporation Corporation w/o Capital Stock	Labor	Organization	
			Membership Organization Trade Association	Сооре	erative	
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	eparate segregated ful	nd or party	
			In addition, this committee is a Lobbyist/Registrant PAC.			
			H			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint I	Fundra	ising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a feder		ore political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal cand		ore political	
		Comi	mittees Participating in Joint Fundraiser			
			1. FEC ID number	C		
			2. FEC ID number	С		
			3. FEC ID number	С		
			4. FEC ID number	С		

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Write or Type Committee Nan	ne		
SPRATT FOR CONG	RESS COMMITTEE		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	rship PAC Sponsor
NONE			
NONE			
Mailing Address			
	1		
	CITYA	STATE A	ZIP CODE A
Relationship:			
Connected Organizat	tion Affiliated Committee Joint Fu	Indraising Representative	Leadership PAC Sponsor
Full Name  Mailing Address	639 College Avenue		
	Rock Hill	sc	29730
Title or Position ▼	CITY A	STATE	ZIP CODE A
Assista	ant Treasurer	Telephone number	- <u>328</u> - <u>8554</u>
	me and address (phone number optional) of any designated agent (e.g., assistant treasure		tee; and the
Full Name of Treasurer Mr.	Bernard Neal Ackerman		
Mailing Address	2802 Inlet Shore Drive		
maining / taurooo			
			00745
	Fort Mill	<u>SC</u>	29715 –
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
Treasu	ırer	Telephone number	_ 366 _ 8371

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Full Name of Designated Agent	John Alan Presto		
Mailing Address	639 College Avenue		
	Rock Hill	SC	29730 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telepho	one number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc.	nmittee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds.	nmittee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds.  y, etc.  CBT of the Piedmont  PO Box 3186		
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc.  CBT of the Piedmont	nmittee deposits funds, h	29732 _ 5186
safety deposit boxes or m Name of Bank, Depositor	aintains funds.  y, etc.  CBT of the Piedmont  PO Box 3186  Rock Hill  CITY   CITY	SC SC	29732 _ 5186
safety deposit boxes or m Name of Bank, Depositor  SC  Mailing Address  Name of Bank, Depositor	aintains funds.  y, etc.  CBT of the Piedmont  PO Box 3186  Rock Hill  CITY   CITY	SC SC	29732 _ 5186
safety deposit boxes or m Name of Bank, Depositor  SC  Mailing Address  Name of Bank, Depositor	eintains funds.  y, etc.  CBT of the Piedmont  PO Box 3186  Rock Hill  CITY   y, etc.	SC SC	29732 _ 5186
safety deposit boxes or m Name of Bank, Depositor  SC  Mailing Address  Name of Bank, Depositor  Ba	aintains funds.  y, etc.  CBT of the Piedmont  PO Box 3186  Rock Hill  CITY   y, etc.  ank of America	SC SC	29732 _ 5186
safety deposit boxes or m Name of Bank, Depositor  SC  Mailing Address  Name of Bank, Depositor  Ba	aintains funds.  y, etc.  CBT of the Piedmont  PO Box 3186  Rock Hill  CITY   y, etc.  ank of America	SC SC	29732 _ 5186

Banks or Other Depositories: safety deposit boxes or maintain		ee deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	o fulldo.		[ ADDITIONAL ]
Bank of	i <b>York</b>		
Mailing Address	P. O. Box 339		
<b>3</b>			
	Wast.	SC	20745
	York		<b>29745</b>   -
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Organ	anization, Affiliated Committee, Joint Fundraising Repre	esentative or Lead	[ ADDITIONAL ]
	inization, Annated Committee, count I dildiaising Nept	esemanve, or Lead	ersinp FAC Sponsor
Mailing Address			
		ا ليا ا	
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repr	esentative Le	eadership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Mailing Address			
Title or Position ▼	CITY A	STATE <b></b> ▲	ZIP CODE A
	Telephor	ne number	
Initiat Franchister - Bendah			[ ADDITIONAL ]
Joint Fundraiser Participant			[]
	FEC	C ID number C	

Banks or Other Depositories: safety deposit boxes or maintain		nittee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, etc.	is rands.		[ ADDITIONAL ]
Wacho	via Bank, N.A.		
Mailing Address	722 Cherry Road		
Mailing Address			
	Rock Hill	SC	<b>29732</b> 
	CITY 🗻	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Composted Over	anization, Affiliated Committee, Joint Fundraising Re	museemtetive ou leader	[ ADDITIONAL ]
Name of Any Connected Orga	anization, Anniated Committee, John Fundraising Re	presentative, or Leader	silip FAC Spolisor
Mailing Address			
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Teleph	none number	
Labor Front dead of the state of			[ ADDITIONAL ]
Joint Fundraiser Participant			
	F	EC ID number	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commit	ttee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, etc.	sturios.		[ ADDITIONAL ]
Palmett	o Bank		
Mailing Address	PO Box 49		
Mailing Address			
	Laurens	SC	29360
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leader	[ ADDITIONAL rship PAC Sponsor
			· · ·
Mailing Address			
		ا ليا ل	
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Rep	presentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
	Telepho	one number	
loint Eundroices Pasticin	<u>·</u>		[ ADDITIONAL ]
Joint Fundraiser Participant	1		-
	<u>                                     </u>	C ID number	

Banks or Other Depositorie safety deposit boxes or mainta		Timeso doposito farido, fisi	,
Name of Bank, Depository, et			[ ADDITIONAL ]
Carol	ina First Bank		
Mailing Address	P. O. Box 12249		
	Columbia	, SC,	29211
	CITY 🗻	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Re	epresentative. or Leade	[ ADDITIONAL
, 		• • •	· ·
Mailing Address			
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising R	Representative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
I			
Full Name			
Mailing Address			
	CITY A	 STATE <b>∆</b>	
Mailing Address	CITY A	STATE.	ZIP CODE A
Mailing Address		STATE <b>∆</b> bhone number	ZIP CODE &